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Bib Data Sheet

CONFIRMATION NO. 1864

SERIAL NUMBER 10/735,489	FILING DATE 12/12/2003  RULE	CLASS 326	GROUP ART UNIT 2819	ATTORNEY DOCKET NO. 1000-1349
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *he have*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *he have*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 03/23/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	<i>re</i> <i>ll</i>	IL	11	15	3
Examiner's Signature		Initials			

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## TITLE

Redundant single event upset suppression system

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other
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